



VIOLENT OFFENDER REGISTRATION FORM

Date: _____ Facility/Law Enforcement Agency: _____

Name: _____
Last First Middle ODOC #

Alias(es): _____

Offender Home Address: _____
Street Address Apt. # City County State Zip Code

Mailing Address (if different): _____

Offender Previous Address: _____
Street Address Apt. # City County State Zip Code

Primary Phone Number: _____ Alternate/Home Phone Number: _____

DOB: _____ DL #: _____ State: _____ FBI #: _____ OSBI #: _____
(MM/DD/YYYY)

SSN: _____ Race: _____ Gender: _____ DNA: _____ Photos: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status/Spouse Contact	Street Address	City	State	Zip Code	Phone
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Emergency Contact Name	Street Address	Apt. #	City	State	Zip Code	Phone
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Vehicle Make	Model and Year	Color	Tag Number
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Vehicle Make	Model and Year	Color	Tag Number
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Vehicle Make	Model and Year	Color	Tag Number
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Vehicle Make	Model and Year	Color	Tag Number
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Student ID #:	Education Institution Name and Address
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Current Employer	Address	City	ST	Zip Code	Phone	Start Date
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Previous Employer	Address	City	ST	Zip Code	Phone	Dates Employed
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Are you a US Citizen? ☐ Yes ☐ No Place of birth: _____

Scars, marks, and tattoos (describe in detail): _____

Email Address (all): _____

Social Media Accounts: _____

Conviction(s) for Violent Crimes

Offense: _____ CF #: _____

_____	_____	_____	_____
Date Convicted	Date Sentence Completed	Victim's Age	
_____	_____	_____	_____
City	County	State	Name under which convicted

Offense: _____ CF #: _____

_____	_____	_____	_____
Date Convicted	Date Sentence Completed	Victim's Age	
_____	_____	_____	_____
City	County	State	Name under which convicted

Offense: _____ CF #: _____

_____	_____	_____	_____
Date Convicted	Date Sentence Completed	Victim's Age	
_____	_____	_____	_____
City	County	State	Name under which convicted

Offense: _____ CF #: _____

_____	_____	_____	_____
Date Convicted	Date Sentence Completed	Victim's Age	
_____	_____	_____	_____
City	County	State	Name under which convicted

Incarcerations/Hospitalizations Pertaining to Above Offenses

_____	_____	_____
Name of institution	Location	Date(s)
_____	_____	_____
Name of institution	Location	Date(s)
_____	_____	_____
Name of institution	Location	Date(s)

The information I have provided on this form is true and correct to the best of my knowledge.

_____	_____
Offender Signature	Date

_____	_____	_____
Witness Name Printed	Position/Title	Facility/LE Agency

_____	_____
Witness Signature	Date

NOTE: This page will contain the offender's and witness' signature or the form will be returned for completion.